

# **Attachment 2**

ARTICLES OF ORGANIZATION  
AND CERTIFICATE OF AUTHORITY FOR THE STATE OF ILLINOIS



State of California  
Bill Jones  
Secretary of State

LLC-1

LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

**IMPORTANT** - Read the instructions before completing the form.

This document is presented for filing pursuant to Section 17050 of the California Corporations Code.

1. Limited liability company name:

(End the name with LLC, L.L.C., Limited Liability Company or Ltd. Liability Co.)

COMTEL NETWORK, LLC

2. Latest date (month/day/year) on which the limited liability company is to dissolve.

December 31, 2008

3. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the ~~Beverly-Killea~~ Limited Liability Company Act.

4. Enter the name of initial agent for service of process and check the appropriate provision below:

N. PATRICK MARTIN

, which is

☒ an individual residing in California.

☐ a corporation which has filed a certificate pursuant to Section 1505 of the California Corporations Code. Skip Item 5 and proceed to Item 6.

5. If the initial agent for service of process is an individual, enter a business or residential street address in California:

Street address: 670 E. BULLARD, SUITE 103

City: FRESNO

State: California

Zip Code: 93710

6. The limited liability company will be managed by: (check one)

☒ one manager

☐ more than one manager

☐ limited liability company members

7. Describe type of business of the Limited Liability Company.

TELECOMMUNICATIONS SERVICES

8. If other matters are to be included in the Articles of Organization attach one or more separate pages.

Number of pages attached, if any:

9. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

Signature of organizer

RAY N. COX, ATTORNEY

Type or print name of organizer

Date: September 14, 1998

For Secretary of State Use

101998260075

File No. \_\_\_\_\_

**FILED**  
In the office of the Secretary of State  
of the State of California

SEP 17 1998

*Bill Jones*  
BILL JONES, Secretary of State

CPS  
EDD

Serving the People of California

This form will be the basis for your EDD ACCOUNT. DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00. Please read the INSTRUCTIONS on the back before completing this form. PLEASE PRINT OR TYPE. Return this form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT  
TAX STATUS EXAM GROUP MIO 08  
P.O. BOX 826890  
SACRAMENTO CA 95890-0001  
(916) 864-7641 FAX (916) 864-9211

## REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAX CODE

<b>A. BUSINESS NAME</b> Comtel Network LLC		<b>OWNERSHIP BEGAN OPERATING</b> MONTH: 08 DAY: 01 YEAR: 98		<b>FEDERAL ID NUMBER</b> 77-0492271
<b>B. OWNER, CORPORATION, LLC, LLP NAME</b>		<b>SSA/COMP/LLC/LLP I.D. NO.</b>		<b>DRIVER'S LICENSE NUMBER</b>
<b>List all partners* or corporate officers of LLC members/managers/officers</b>	<b>TITLE</b> (partner, officer title, LLC membership)	<b>SOCIAL SECURITY NUMBER</b>	<b>DRIVER'S LICENSE NUMBER</b>	
N. Patrick Martin	Managing Member	573-56-5852	H0633543	
Rick Thompson	Member	544-54-6045	NEVADA: 3689092- -9148	

\* If entity is a Limited Partnership, indicate General Partner with an (G). List additional partners, LLC members/officers/managers on a separate sheet.

<b>C. BUSINESS LOCATION</b> (Street and Number (see instructions)) 670 E. Bullard Ave., Suite 103	<b>CITY OR TOWN</b> Fresno	<b>STATE</b> CA	<b>ZIP CODE</b> 93710-5455	<b>COUNTY</b> Fresno
<b>MAILING ADDRESS</b> (In care of P.O. Box or Street and Number) SAME	<b>CITY OR TOWN</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b>

<b>D. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS</b>		
	<b>ACCOUNT NUMBER</b>	<b>BUSINESS NAME</b>	<b>ADDRESS</b>

<b>E. INDICATE FIRST QUARTER AND YEAR IN WHICH WAGES EXCEEDED \$100.</b>		<b>F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?</b>	
<input type="checkbox"/> Jan.-Mar. 99	<input type="checkbox"/> Apr.-June 99	<input type="checkbox"/> July-Sep. 99	<input checked="" type="checkbox"/> Oct.-Dec. 99
		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

<b>G. ORGANIZATION TYPE</b>			
<input type="checkbox"/> (IN) INDIVIDUAL OWNER	<input type="checkbox"/> (JV) JOINT VENTURE	<input type="checkbox"/> (LQ) LIQUIDATION	<input checked="" type="checkbox"/> (LO) LIMITED LIABILITY CO.
<input type="checkbox"/> (NW) HUSBAND/CO-OWNERSHIP	<input type="checkbox"/> (RC) RECEIVERSHIP	<input type="checkbox"/> (LP) LIMITED PARTNERSHIP	<input type="checkbox"/> (PL) LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/> (GP) GENERAL PARTNERSHIP	<input type="checkbox"/> (BK) BANKRUPTCY	<input type="checkbox"/> (TR) TRUSTEESHIP	<input type="checkbox"/> (OT) OTHER (Specify)
<input type="checkbox"/> (CP) CORPORATION	<input type="checkbox"/> (AS) ASSOCIATION	<input type="checkbox"/> (EA) ESTATE ADMINISTRATION	

<b>H. EMPLOYER TYPE (see instructions)</b>			<b>NUMBER OF EMPLOYEES</b>
<input checked="" type="checkbox"/> (01) Commercial	<input type="checkbox"/> (10) Church	<input type="checkbox"/> (11) Indian Reservation	4
<input type="checkbox"/> (22) Pacific Maritime	<input type="checkbox"/> (25) Fishing Boat		

<b>I. BUSINESS TYPE</b>		<b>1) Describe kind of product or type of service:</b>
<input type="checkbox"/> (M) Mining	<input type="checkbox"/> (F) Finance	Telecommunication Services
<input type="checkbox"/> (C) Construction	<input type="checkbox"/> (B) Communications	
<input type="checkbox"/> (N) Manufacturing	<input type="checkbox"/> (S) Services	2) If MANUFACTURING, list principal products in order of importance
<input type="checkbox"/> (T) Transportation	<input type="checkbox"/> (L) Utilities	
<input type="checkbox"/> (R) Retail Trade	<input type="checkbox"/> (W) Wholesale Trade	Long distance service

<b>J. CONTACT PERSON FOR BUSINESS</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
N. Patrick Martin	670 E. Bullard Ave., Fresno, CA	93710-5455	(209) 261-0125

<b>K. SUPPORTIVE SERVICES</b>		
If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes.		
<input type="checkbox"/> (1) Control Administrative (headquarters, etc.)	<input type="checkbox"/> (2) Storage (warehouse)	<input checked="" type="checkbox"/> (3) Does not apply
<input type="checkbox"/> (2) Research, development, or testing	<input type="checkbox"/> (4) Other (specify)	

<b>L. IS THIS A(n):</b>			
<input checked="" type="checkbox"/> New business	<input type="checkbox"/> On going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part)	<input type="checkbox"/> Other	
Change of partner(s) <input type="checkbox"/> Change in form - (sole proprietor to partnership; partnership to corporation; merger; corporation to LLC, etc.)			
<b>IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:</b>			
Previous Owner	Business Name	Purchase Price	Date of Transfer
			EDD Account Number

<b>M. DECLARATION</b>			
These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.			
Signature	Date	Residence Phone	
N. Patrick Martin	08/27/1998	(209) 431-2665	
Title	Residence Address	City	State ZIP Code
Managing Member	5413 N. Fruit, Fresno, CA	93711-3027	
(Owner, Partner, Officer, Member, Manager, etc.)			

7297

Form **SS-4**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

77-0492271

OMB No. 1545-0008

Please type or print clearly	1 Name of applicant (legal name) (see instructions) <b>Comtel Network LLC</b>	
	2 Trade name of business (if different from name on line 1) <b>COMTEL NETWORK</b>	3 Executor, trustee, "care of" name <b>N. Patrick Martin</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>670 E. Bullard Ave., Suite 103</b>	4b Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Fresno CA 93710-5455</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Fresno</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ▶ <b>573-56-5852</b> <b>N. Patrick Martin</b>		

## 8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) _____                    | <input type="checkbox"/> Estate (SSN of decedent) _____    |
| <input checked="" type="checkbox"/> Partnership                         | <input type="checkbox"/> Personal service corp. _____      |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> National Guard _____              |
| <input type="checkbox"/> State/local government                         | <input type="checkbox"/> Farmer's cooperative _____        |
| <input type="checkbox"/> Church or church-controlled organization       | <input type="checkbox"/> Trust _____                       |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> Federal government/military _____ |
| <input type="checkbox"/> Other (specify) ▶ _____                        | (enter GEN if applicable) _____                            |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) <b>09/01/1998</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	<b>11/01/1998</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural <b>4</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ▶ **Telecommunication services**15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box. ☒ Business (wholesale) ☐ N/A☐ Public (retail) ☐ Other (specify) ▶ \_\_\_\_\_17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this application, and in the best of my knowledge and belief, it is true, correct, and complete.

**N. Patrick Martin**Name and title (Please type or print clearly.) ▶ **Managing Member**Signature ▶ *Pat Martin*Date ▶ **8-26-98**

Note: Do not write below this line. For official use only

Please leave blank ▶	Doc.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.  
DXA

Form SS-4 (Rev. 2-98)

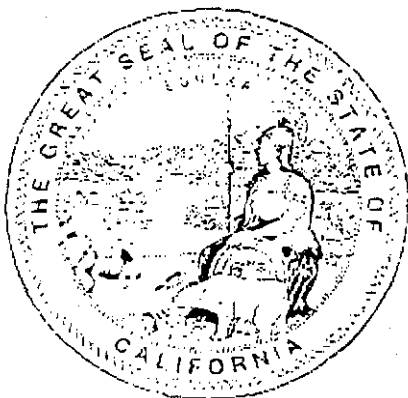
## State of California

## SECRETARY OF STATE

I, WILL JONES, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record or file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of \_\_\_\_\_



*Bill Jones*

Secretary of State